


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>(Large Entity)</b>			Docket No. <b>YKI-0066</b>
In Re Application Of: <b>Yoshihiro Morimoto et al.</b>			
Serial No. <b>09/820,140</b>	Filing Date <b>03/28/2001</b>	Examiner <b>Granvill D. Lee</b>	Group Art Unit <b>2825</b>
Invention: <b>SEMICONDUCTOR DEVICE AND METHOD OF PRODUCING THE SAME</b>			
<b><u>TO THE COMMISSIONER FOR PATENTS:</u></b>			
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of <u>01/26/2004</u> above-identified application. <span style="margin-left: 100px;"><i>Date</i></span>			
The requested extension is as follows (check time period desired): <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div><input type="checkbox"/> One month</div><div><input type="checkbox"/> Two months</div><div><input checked="" type="checkbox"/> Three months</div><div><input type="checkbox"/> Four months</div><div><input type="checkbox"/> Five months</div></div> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"><div>from: <u>April 26, 2004</u> <span style="margin-left: 20px;"><i>Date</i></span></div><div>until: <u>July 26, 2004</u> <span style="margin-left: 20px;"><i>Date</i></span></div></div>			
The fee for the extension of time is <b>\$950</b> and is to be paid as follows: <div style="margin-top: 5px;"><input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. <b>06-1130</b> <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. <b>06-1130</b></div>			
 <span style="margin-left: 100px;"><i>Signature</i></span>		Dated: <b>July 23, 2004</b>	
Lisa A. Bongiovi Registration No.: 48,933 Customer No.: 23413		<div style="font-size: small;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;"><i>Signature of Person Mailing Correspondence</i></div> <div style="border-top: 1px solid black; margin-top: 10px; text-align: center;"><i>Typed or Printed Name of Person Mailing Correspondence</i></div>	
cc:			

08/02/2004 4 PBRITTON 00000000 06-1130 09/01/04

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REVIEW AVAILABLE COPY

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

YK1-0066

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	7	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	7 minus 20 =	0
INDEPENDENT CLAIMS	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	10	Minus	20 =
	Independent	2	Minus	3 =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	355.00
X\$ 9=	
X40=	
+135=	
TOTAL	

OR

OR

OR

OR

OR

RATE	FEE
BASIC FEE	710.00
X\$18=	0
X80=	0
+270=	
TOTAL	710

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	=
	Independent		Minus	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total		Minus	=
	Independent		Minus	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X40=	
+135=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X\$18=	
X80=	
+270=	
TOTAL ADDIT. FEE	

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.